MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07000

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - Tompkinsville; LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JANIS (Middle) (Last) ANGLIS.

4. DATE OF DEATH: (Month) July (Day) 21 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 28 1877

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm hand

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): LAVIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peters Anglis

14. MOTHER'S MAIDEN NAME: Eia Rencergs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Karlis Anglis, Tompkinsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlussion.	30 min.
Antecedent cause(s)		
420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	3 months +
94a	(c) Senile, arteriosclerotic, congestive failure.	1 month +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June, 1951, to 21 July, 1951, that I last saw the deceased alive on 21 July, 1951, and that death occurred at 9:45 A EST. m., from the causes and on the date stated above.

SIGNATURE: A O Woodd (Degree or title) MD — ADDRESS: La Plata. Md. — DATE SIGNED: 21 July 51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/24/51 — NAME OF CEMETERY OR CREMATORY: Christ Church — LOCATION (City, town, or county) (State): Wayside

DATE REC'D BY LOCAL REG.: 7/23/51 — REGISTRAR'S SIGNATURE: Julia H. Pasey

24. FUNERAL DIRECTOR: Hunt & Ryon Waldoy Md. — ADDRESS

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 24 1951
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07001

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Benedict

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington DC
STREET ADDRESS (If rural, give location) 3304 - Penna. Ave. S.E.

3. NAME OF DECEASED (Type or Print) (First) Albert (Middle) M (Last) Behm

4. DATE OF DEATH (Month) 7 (Day) 15 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)
8. DATE OF BIRTH 4-21-1902
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer
10b. KIND OF BUSINESS OR INDUSTRY Private Office
11. BIRTHPLACE (State or foreign country) New York, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Behm
14. MOTHER'S MAIDEN NAME Dora Shoemaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 578-08-7738
17. INFORMANT AND ADDRESS Alice Buckanan, Holmes, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH 7-15-51

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

183 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Ac
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) Patuxent River (COUNTY) Chas (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Benedict

22. I hereby certify that I attended the deceased from Medical examiner's case, 19 , to , 19 , that I last saw the deceased alive on 7-15-51, 19 , and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 7-18-51

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) DATE THEREOF 7-20-51 NAME OF CEMETERY OR CREMATORY Mt Moriah LOCATION (City, town, or county) Philadelphia (State) P.A.

DATE REC'D BY LOCAL REG. 7/18/51 REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Hewitt & Lyon ADDRESS Waldorf Md

512 VW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

RECEIVED
23 1951
BUREAU V. S.

07002

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

105

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ODEN (Middle) Bowie (Last) BOWLING

4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 51

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M

8. DATE OF BIRTH: 2-2-82

9. AGE last birthday 69 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Sarah A. Prout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service No

16. SOCIAL SECURITY No. NV

17. INFORMANT AND ADDRESS Richard J Bowling Son

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7-15-51

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

4/20.1
940

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE C. H. Adelen (Degree or title) M.D. — ADDRESS La Plata Md. — DATE SIGNED 7-15-51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 7/17/51 — NAME OF CEMETERY OR CREMATORY Bruce — LOCATION (City, town, or county) Rural La Plata (State) Md

DATE REC'D BY LOCAL REG. 7-16 — REGISTRAR'S SIGNATURE M. L. Monroe — 24. FUNERAL DIRECTOR Hunt & Lyon — ADDRESS Waldorf

970 VV

RECEIVED
JUL 17 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07003

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Newport
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Sharon (Middle) Gayle (Last) Bowling

4. DATE OF DEATH: (Month) July (Day) 10, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 9, 1951

9. AGE last birthday: yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours 15 Min. 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): La Plata, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Wade Bowling, Jr.

14. MOTHER'S MAIDEN NAME: Winifred Anona Garner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Walter W. Bowling, Jr. Newport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

760.5 Immediate cause (a) HEMORRHAGE, INTERVENTRICULAR, BILATERAL; HEMORRHAGE, BASE OF BRAIN; EDEMA OF BRAIN WITH XANTHOCHROMIC FLUID — Interval Between Onset and Death: 48 hours (PRE-PARTUM)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

160a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1951, to July 10, 1951, that I last saw the deceased alive on July 10, 1951, and that death occurred at 5:00 A.M. (EST), from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John N. Griffin, M.D. Hughesville, Md. 7/11/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7-11-51 — NAME OF CEMETERY OR CREMATORY: Dentsville — LOCATION (City, town, or county) (State): Dentsville, Md.

DATE REC'D BY LOCAL REG.: 7/11/51 — REGISTRAR'S SIGNATURE: Julia H. Posey

24. FUNERAL DIRECTOR — ADDRESS: Hunt & Ryon, Waldorf, Md.

20709123273

RECEIVED
JUL 13 1951
BUREAU N. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07004

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle)	(Last) Chase	4. DATE OF DEATH	(Month) July (Day) 26, (Year) 1951 19
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Mar. 12, 1873	9. AGE last birthday 78 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) Charles County, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Edward Chase	14. MOTHER'S MAIDEN NAME Eliza J. Farrell				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Jeanette Chase, White Plains, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	10 min
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile. Arteriosclerosis.	years.
	(c) Cardiac failure.	years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to July 26, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 2:00 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. Woodley	MD	La Plata.	27 July 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 7-28-51	NAME OF CEMETERY OR CREMATORY St. Josephs	LOCATION (City, town, or county) (State) Pomfret, Md.
DATE REC'D BY LOCAL REG. 7-28-51	REGISTRAR'S SIGNATURE Julia H. Posey	24. FUNERAL DIRECTOR Huntt & Rym, Waldorf, Md.	ADDRESS

100105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1951
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07005

CERTIFICATE OF DEATH

Reg. Dist. No. 10D

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. | LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata.
STREET ADDRESS (If rural, give location) Oak

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) S. (Last) Hopper
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 22 1865
9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: self
11. BIRTHPLACE (State or foreign country): Charles Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin S. Stonestreet
14. MOTHER'S MAIDEN NAME: Mary Ellen Sellman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. H. B. Phelps, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	20 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile arterio-sclerosis	5 years
94a	(c) Hypertension	1 month.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 1951, to July, 1951, that I last saw the deceased alive on 4 July, 1951, and that death occurred at 9:48 EST A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. R. Woodall	M.D.	La Plata. Md.	4 July 51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/6/51	Mt. Rest	La Plata Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/5/51	Julia A. Casey	Hunter & Ryon	Waldorf Md

RECEIVED
JUL 6 1951
BUREAU V. R.

07006

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) King
4. DATE OF DEATH (Month) July (Day) 13 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept. 3, 1868
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Tenant
11. BIRTHPLACE (State or foreign country) Waldorf Charles Co
12. CITIZEN OF WHAT COUNTRY? N.S.A

13. FATHER'S NAME John R. King
14. MOTHER'S MAIDEN NAME Melissa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Bessie Pickerel Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) C.V.R. Dis. c̄ Hypertension

131a (c) Senility

INTERVAL BETWEEN ONSET AND DEATH Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1937, to July 12, 1951, that I last saw the deceased alive on 7/12, 1951, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE Geo. Weber (Degree or title) M.D. ADDRESS Waldorf, Md. DATE SIGNED 7/13/51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 7/16/51 NAME OF CEMETERY OR CREMATORY Orland LOCATION (City, town, or county) Waldorf (State) Md

DATE REC'D BY LOCAL REG. 7-14-51 REGISTRAR'S SIGNATURE M. L. Moore
24. FUNERAL DIRECTOR Hunt & Ryan ADDRESS Waldorf Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 18 1951
BUREAU V. M.

#6

07007

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Charles Co Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) Pack (Last)

4. DATE OF DEATH (Month) 7 (Day) 23 (Year) 1951

5. SEX M

6. COLOR OR RACE W-US

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 7-23-51

9. AGE last birthday — yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Jim Jackson Pack

14. MOTHER'S MAIDEN NAME Ella M. Swick.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity - 6 Mos

776 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-23, 1951, to 7-23, 1951, that I last saw the deceased alive on 7-23, 1951, and that death occurred at 6 35P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jim E. Andrews 7-23-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7/23/51

NAME OF CEMETERY OR CREMATORY Bunky Oak

LOCATION (City, town, or county) (State) Romonkey Md.

DATE REC'D BY LOCAL REG. 7/23/51

REGISTRAR'S SIGNATURE Ody Price

24. FUNERAL DIRECTOR John Benson ADDRESS

9-0-(7-23-1-99V-26-V

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M C T T

RECEIVED
AUG 1951
BUREAU V. S.

07008

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN En-route to La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ironsides
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) (Last) Risko
4. DATE OF DEATH (Month) 7 (Day) 30 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH July 25-1876
9. AGE last birthday 75 yrs. If under 1 year Months. Days. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman
10b. KIND OF BUSINESS OR INDUSTRY Pub. Retired
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? Foreign

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY No. No
17. INFORMANT AND ADDRESS Julia Gerhold - 521 - Roxboro Pl. N.W. Wash. DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion.	10 min
420.1 Antecedent cause(s)		
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease	3 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Adenocarcinoma. Large bowel 2) diabetic.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 July, 1950, to 30 July, 1951, that I last saw the deceased alive on 30 July, 1951, and that death occurred at 10:36 A.M., from the causes and on the date stated above.

SIGNATURE S. Woody. (Degree or title) MD ADDRESS La Plata. DATE SIGNED 30 July 51.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE Aug 1-51 NAME OF CEMETERY OR CREMATORY Nagemoy Bobbist LOCATION (City, town, or county) Nagemoy (State) MD

DATE REC'D BY LOCAL REG. 7/31/51 REGISTRAR'S SIGNATURE Julia H. Pakey 24. FUNERAL DIRECTOR Harriet H. Ryan ADDRESS

763000

153x

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1951
BUREAU V. S.

07009

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Ironside (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles.

City or town: Ironsides. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ruth Ann Ward

3.(b) Social Security Number

4. Sex: F.

5. Color or race: C

6.(a) Single, married, widowed, or divorced: S.

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): October 5 1945

8. AGE: Years: 5 Months: 9 Days: If less than one day ... hrs. ... min.

9. Birthplace: Indian Head Md. (Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER

12. Name: Rev. R. Ward.

13. Birthplace: Ironsides. Md

MOTHER

14. Maiden name: Mary Francis Doniver.

15. Birthplace: Charles Co. Md.

16. Informant: Rev. Ward

Address: Ironsides Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: ~~July~~ Aug 2 1951 (month) (day) (year)

Cemetery or crematory: St. Charles

Location: Glymont, Md

18. Funeral director: Penny & Cofer

Address: Pisgah, Md

19. Aug. 1 1951 (Date rec'd by registrar) Mary Southerland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 1951 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death: Baby had been in Freedmans Hospital.

Due to: came home and died. No physician

Due to: in attendance

Other conditions: Coeliac Disease.

795.5

95 c

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: Geo. C. Bicknell Wtr M. D. or other

Address: Marbury, Md. Date signed: July 27 1951

MARGIN RESERVED FOR BINDING

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07010

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Indian Head (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Alice Burnetta Willett

3. (b) Social Security Number

4. Sex: ~~Male~~ Female

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Walter Mitchell Willett

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): March 19, 1895

8. AGE: Years: 56 Months: 4 Days: — If less than one day: hrs. min.

9. Birthplace: Aocokeek Prince George Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER

12. Name: Geo. W. Coomes.

13. Birthplace: Prince George Co. Md.

MOTHER

14. Maiden name: Catherine Dixon.

15. Birthplace: Prince George Co. Md.

16. Informant: Catherine Jenkins

Address: Indian Head, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7/13/51 (month) (day) (year)

Cemetery or crematory: St. Charles.

Location: Glymont, Md.

18. Funeral director: Hunt & Ryon

Address: Waldorf Md.

19. 7/12 1951 Odey Price (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 11 1951 at 1:45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1925, to July 11 1951 and that I last saw her alive on July 10 1951.

Immediate cause of death: Carcinoma Recti.

Due to:

Due to:

Other conditions: 154X 46d (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell MD M. D. or other

Address: Marbury, Md Date signed: July 12 51

VS A15 9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG - 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07011

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata — LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phys. Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Charles Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) M (Last) Willett

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 19 51

5. SEX M — 6. COLOR OR RACE W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) — 8. DATE OF BIRTH 2-13-84 — 9. AGE last birthday 67 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer — 10b. KIND OF BUSINESS OR INDUSTRY Beef — 11. BIRTHPLACE (State or foreign country) White Plains Md — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jetson Willett — 14. MOTHER'S MAIDEN NAME Frances Willett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY No. — 17. INFORMANT AND ADDRESS Mrs. Bessie Willett, Waldorf Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diabetic Coma — 7-12-51

260X 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-12, 19 51, to 7-16, 19 51, that I last saw the deceased alive on 7-14, 19 51, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE E. J. Edelen (Degree or title) M.D. ADDRESS La Plata Md — DATE SIGNED 7-16-51

23. BURIAL, CREMATION, REMOVAL (Specify) Buried — DATE 7/18/51 — NAME OF CEMETERY OR CREMATORY Oakland — LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 7/17/51 — REGISTRAR'S SIGNATURE Julia H. Casey — 24. FUNERAL DIRECTOR Simmons Bros. — ADDRESS 2007 Nichols Ave SE Washington D.C. 100105

RECEIVED
JUL [illegible] 1951
BUREAU [illegible] U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07012

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH — COUNTY: Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: La Plata
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Cornelius (Last) Woodland
4. DATE OF DEATH: (Month) July (Day) 1 (Year) 19 31

5. SEX: M. | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Oct. 31, 1907 | 9. AGE last birthday: 43 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Construction | 11. BIRTHPLACE (State or foreign country): La Plata Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Woodland | 14. MOTHER'S MAIDEN NAME: Virginia Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY No.: 212-1736 | 17. INFORMANT AND ADDRESS: Raine Woodland, La Plata, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed chest — 6-30-31 to 7-1-31

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Auto accident

825.5
170 C

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: St 301 | (CITY OR TOWN): Newburg | (COUNTY): Chas | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 6 30 31 7 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: E. McAden (Degree or title): M.D. | ADDRESS: La Plata Md. | DATE SIGNED: 7-2-31

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/4/31 | NAME OF CEMETERY OR CREMATORY: St. Josephs | LOCATION (City, town, or county) (State): Pamfret, Md.

DATE REC'D BY LOCAL REG.: 7/2/31 | REGISTRAR'S SIGNATURE: John H. Casey | 24. FUNERAL DIRECTOR: Penny & Cofer, Mason Springs, Md. | ADDRESS:

RECEIVED
JUL 5 1951
BUREAU V. S.